

Steubenville 2019

Who: ALL Helias Catholic Students and students in local parishes
(incoming freshman through graduating senior)

What: Steubenville Mid-America Conference

It's an epic retreat weekend with other high school teens.

This year the theme is "Belong" based on 1 John 3:1

This year our speakers include Fr. Mike Schmitz, Josh Blakesley, Dan Harms, Katie Prejean McGrady, David Calvitta, Noelle Garcia

Where: Missouri State University campus in Springfield, MO

A fun chance to stay on a college campus growing in faith with your friends for a weekend

When: July 12-14, 2019

We'll leave between midmorning on the 12th and return on the 14th by 5pm

Cost: \$230*

The cost includes housing, meals Friday dinner through Sunday breakfast, transportation and t-shirt.

All checks should be made out to Helias Catholic High School

More information and a great video can be found here: <http://steubystl.com/>

Important Dates:

February 1

Registration forms are due with a non-refundable \$50 deposit

*If you register by this date, you are **guaranteed** a spot!*

April 12

2nd installment due: \$180

If Parents are interested in Chaperoning please let me know. Please contact me with any questions.

In Him,

Maureen Quinn

Campus Minister

Helias Catholic High School

mgquinn@heliascatholic.com

Steubenville Youth Conference 2019

Teen Name: _____ T-Shirt Size (Adult): _____

Birth Date: _____ Age: _____ Graduation Year: _____ Sex: _____

Parish: _____ High School: _____

Teen Cell #: _____ Teen Email: _____

Parent/Guardian's Name(s): _____

Parent Email: _____

Home Phone: _____ Parent Cell Phone(s): _____

If you are unable to reach me, please contact:

Name: _____

Home or Cell Phone: _____

Medical Information (Please Print):

Child Physician: _____ Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

My Child is allergic to _____

My child must take the following medication (indicate dosage and frequency):

Other Medical information:

PARENTAL/GUARDIAN PERMISSION, LIABILITY WAIVER AND MEDICAL CONSENT FORM

I grant permission for my child, (name of Youth) _____, to participate in the Steubenville Youth Conference July 12-14, 2019. I understand that this activity will take place under the guidance and direction of Helias Catholic High School Campus Ministry. If needed for medical reason, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by health care personnel. I release Helias Catholic High School, the chaperones, and the Archdiocese of St. Louis- OYM all responsibility and consequences that may arise as a result of any injury suffered and/or resulting treatment. Further, I agree to accept any and all financial responsibility as a result of such medical treatment.

My child agrees to abide by all the rules and regulations of the conference and Helias Catholic High School. I understand that Helias Catholic High School, its chaperones, and agents or the Archdiocese of St. Louis-OYM will not be liable if my child fails to cooperate with regulations, and that infractions of the rules may result in immediate dismissal from the retreat at my expense.

I understand that if my youth behaves in a manner that is deemed inappropriate or is continually disruptive or if my youth is found with illegal drugs or alcohol (zero tolerance policy), I will be called to immediately pick up my youth from the retreat sight.

I (circle one) **do** or **do not** grant permission to employees and agents of the parish to give my child nonprescription drugs(e.g. Tylenol, Ibuprofen, etc.) in the event that circumstances reasonably demonstrate that my child is in need of.

Lost or Stolen Items: Helias Catholic High School and the Archdiocese of St. Louis will not be held liable for any valuables lost or stolen at the event described above.

I hereby give permission to the Archdiocese of St. Louis and Helias Catholic High School Campus Ministry to use any photographs or video footage taken of my child in print and on their website for promotional purposes.

I understand and agree that my agreeing to this release of liability is a required prerequisite for the Archdiocese and School to allow my/our daughter/son to participate in the above described event.

Parent/Guardian Signature

Date

Steubenville Youth Conference 2019

(Chaperone Information)

Chaperone Name: _____ T-Shirt Size (Adult): _____

Birth Date: _____ Sex: _____ Parish: _____

Cell #: _____ Email: _____

I have completed Virtus Certification: Yes No

Emergency Contact Information:

Name: _____

Home or Cell Phone: _____

Medical Information (Please Print):

Physician: _____ Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

Allergies: _____

Any other necessary Medical information: _____

Liability and Medical Release:

I plan to attend the Steubenville Youth Conference July 12-14, 2019 as a Chaperone. I understand that this activity will take place under the guidance and direction of Helias Catholic High School Campus Ministry.

I release Helias Catholic High School, the other chaperones, and the Archdiocese of St. Louis- OYM all responsibility and consequences that may arise as a result of any injury suffered and/or resulting treatment. Further, I agree to accept any and all financial responsibility as a result of such medical treatment.

I hereby give permission to the Archdiocese of St. Louis and Helias Catholic High School Campus Ministry to use any photographs or video footage taken of myself in print and on their website for promotional purposes.

Signature

Date